

Agency Name	Department of Health and Human Services
Audit Name	Performance Audit Report
Audit Period	June 2014
Status Report Date	July 2019

Summary of Audit Observations/Findings					
Number	Observation Title	Status [place X in status column]			
		Unresolved	Partially Resolved	Substantially Resolved	Fully Resolved
1	HFLU management should ensure required Life Safety Code inspections are conducted before issuing renewal licenses		X		
2	Formalize State Fire Marshal's Authorization to Conduct Life Safety Inspections				X
3	Improve Timeliness and Scheduling				X
4	Improve and Expand Administrative Rules				X
5	Strengthen Management of Complaints				X
6	Formalize Policy and Procedure and Improve Records Management				X

EXAMPLE Observation 1: No Formal Risk Assessment over XYZ program

Summary of Finding: Agency has not performed a formal risk assessment. An effective assessment is the foundation for developing and implementing effective internal controls to eliminate, mitigate or otherwise manage identified risks.

Current Status: Substantially Resolved. Agency in connections with DAS, utilized the Internal Control Toolkit and performed a formal risk assessment. The next step is to implement new processes and controls to minimize the identified risks. Completion Date estimated: August 2019

Observation 1: HFLU management should ensure required Life Safety Code inspections are conducted before issuing renewal licenses

Summary of Finding:

Current Status: Partially resolved.

Status Report as of January 30, 2018

It has been and continues to be the goal of the licensing unit to conduct timely annual life safety inspections of all facilities licensed under RSA 151 that fall under the jurisdiction of the Health Facility Licensing Unit. Currently, the Life Safety Supervisor is supervising her staff and the clinical licensing staff within the unit. At this time, we are actively recruiting for a licensing supervisor to oversee the clinical licensing coordinators. This person should be hired by the end of the week and will most likely begin work in one month's time. With this person being hired, the Life Safety Supervisor will have time to dedicate to determining a workable solution to this problem. The Life Safety Supervisor has already recognized current issues and will implement different programs and strategies over the coming months to assist the unit in performing these inspections in a timely way.

The LEAN Process did not streamline the workload of the Life Safety Coordinators as initially thought but did look unit wide at both clinical and life safety components to review processes interdepartmentally, which could be improved. The unit has instituted better communications through bi-weekly structured meetings and policies and procedures for consistency. Once the licensing clinical supervisor is hired, the Life Safety Supervisor will bring the entire life safety team to the April 2018 LEAN yellow belt training with the project to focus on timely completion of inspections.

Status Report as of June 30, 2019

It has been and continues to be the goal of the licensing unit to conduct timely annual life safety inspections of all facilities licensed under RSA 151 that fall under the jurisdiction of the Health Facility Licensing Unit. Due to a combination of events that include but are not limited to an increase in licensed facilities, an increase in the complexity of plans review, updates to federal and state life safety code requirements and no increase in staffing we continue to be unable to meet this requirement though we are acutely aware of the importance and work as hard as possible to attain this measure. To that end, we have and continue to improve systems that we control including data entry and reporting to be able to measure progress.

Estimated completion date: indeterminable

Observation 2: Formalize State Fire Marshal's Authorization to Conduct Life Safety Inspections

Summary of Finding:

Current Status: **Fully resolved Completion date: July 22, 2014**

Observation 3: Improve Timeliness and Scheduling

Summary of Finding:

Current Status: **Fully resolved. Completion date: July 6, 2017**

Status Report as of July 6, 2017

The Unit is now in a position where it can conduct timely staggered clinical inspections. Currently, we are only 12 inspections behind out of the over 1000 licensed facilities. The clinical staff is able to conduct staggered inspections to allow for more unpredictability. In addition, the clinical inspections are also undergoing a LEAN review. Staggering inspections is one of the systems that will be looked at during this process. As for life safety, the inspections are staggered at this time. This is due to the current backlog in the life safety inspection process. We will continue to monitor the staggering process to ensure the inspections remain unpredictable.

Observation 4: Improve and Expand Administrative Rules

Summary of Finding:

Current Status: **Fully resolved - Fall 2018.**

NOTE: all aspects of the administrative rules will continue to be reviewed on an on-going basis

Status Report as of January 30, 2018

The unit has been and continues to be in the process of updating rules. He-P 804 has currently been readopted with significant changes and consistency in mind. He-P 802, 806, 809, 822, 823, and 824 are all in process at this time. All of these rules are being reviewed for consistency and accuracy.

Status Report as of June 30, 2019

The unit along with the Rules Administration team met in Fall of 2018 to clearly document the process of reviewing and changing rules. This process was implemented and has assisted in strengthening the process. To date there is one expired rule that is actively in process, He-P 802.

Observation 5: Strengthen Management of Complaints

Summary of Finding:

Current Status: **Fully resolved Completion Date: 8/2017**

NOTE: all aspects of the complaint policy and procedures will continue to be reviewed on an on-going basis

Status Report as of January 30, 2018

The FBI committee and complaint procedures listed above continue to be in effect. The complaint policy has been put in place and is updated as needed. The policy includes supervisory review of complaints that do not rise to the level of citing deficiencies. If deficiencies are cited, the supervisor is required to sign off on the deficiency report. The surveyor is required to complete a memo regarding all aspects of the investigation in the complaint file for future reference. Although the process has improved, the content and thoroughness of these reports/memos is still being ironed out. All aspects of the complaint policy and procedures will continue to be reviewed on an on-going basis.

Status Report as of June 30, 2019

The unit continues to review the complaint process to strengthen and improve the system. The interdepartmental committee continues to meet regularly; more frequently when necessary, to discuss complaints and reportable incidents and work collectively to identify solutions.

Observation 6: Formalize Policy and Procedure and Improve Records Management

Summary of Finding:

Current Status: **Fully resolved. January 30, 2018.**

NOTE: all aspects of the complaint policy and procedures will continue to be reviewed on an on-going basis

Status Report as of January 30, 2018

The policy and procedure manual has been created and is under constant revision. Every member of the licensing team is involved in review of current policies and procedures and the creation of new policies. At this time, we have approximately 14 comprehensive policies in place. Other policies will be created when the need arises.